

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement ever							ne form for e	ach bus route that
Due Dates:	, and the second		To Cou	nty Supt		То ОРІ		Rate Per Mile
All Routes			October	r 1		October 15		\$1.80
County Name		County Number		District	Name			Legal Entity Number
Jefferson		22		Clancy	y Elemen	tary		0452
Route #	Length of Ro	oute (miles per day)		Type of		□ Bus Route Mil□ Non Bus Milea	I	
	23			Bus Route Mileage			84	
Vehicle I.D. #	License #			 □ District Owned □ Contract - If so, Name of Owner □ Harlows School Bus Service 				
0195	D511			Contrac	cted rate pe	er mile		
Reimbursement Distribution- Ente		number and percentage of state/county reimbursement to be paid to must match budget!					strict. Note: Percentages	
Legal Entity	Legal Entity 0452 Legal Entity			Legal E			Legal Enti	ty
0432								
% 100.00	% 100.00 %			%			%	
PASSENGER INFORMATION		ELEMENTARY I	RIDERS	<u>`</u>	НІ	GH SCHOOL RII	DERS	TOTAL
Number of Preschool/Kindergarteriding this route	n pupils	(Grades Pk		,	1111	(Grades 9-12)		ELIGIBLE RIDERS
		a NUMBEF	-			b NUMBER		c a+b
Regular (include eligible Preschool/Kin riders)	gular (include eligible Preschool/Kindergarten					HOWBER		4 1 5
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related So	ervice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., un miles OR nonresident and no attendan								
agreement) (Include ineligible Preschool/Kindergar Nonpublic School Riders (ineligible)	ten riders)							
, ,								
TOTAL RIDERS								
We hereby certify that this bus will of County Transportation Committee. We we agree to supervision of this bus required; to provide a vehicle which me Superintendent; and to provide a license we also agree to refrain from solicif We understand that violations of the this bus route. We agree that if this route crosses of the school boards of both districts shall we understand route changes occurred.	e further certift and bus rout eets the minin sed, qualified ting or causing e laws, rules district lines all be attached	y that this bus transports pue by the State Superintendenum standards as establish and approved driver to opeg others to solicit students for regulations governing school transports students from to the county superintender	upils eligit ent; to ma ed by the erate such from other nool trans noutside to nt's copy	ble for sch ake such re Board of vehicle as r transport portation v	ool transports to the Public Educa s required by ation areas. will be sufficient, a copy of the cument.	ation as defined by State Superintende ation, the Montana It 20-10-103, MCA. The cause for withhous agreement between the state of the	20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20-	A. Superintendent as are and the State nd county reimbursement for 10-126(2) MCA, signed by
I certify that this application for reg bus operates on the route as appr								
Signature - Chair, Board of Trustees	· · ·	,	-	-		,	Date	
County Tra This Application for Registration o area assigned to it by the County	f School Bu							
Signature - Chair, County Transportation							Date	_



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that		
Due Date : All Routes				county Suprober 1	t To OPI October 15		Rate Per Mile \$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Jefferson			22	Clanc	y Elementary		0452		
Route #	Length o	of Route (miles per day)	Type of	f Service □ Bus Route M □ Non Bus Mile		Rated Capacity		
4	38			Bus R	Route Mileage	age	78		
Vehicle I.D. #	Lic	cense #		□ District Owned Contractor Owned					
0611	0504				ct - If so, Name of Owner cted rate per mile				
Reimbursement Distribution- Er	nter the leg	gal entity		e of state/co		oaid to each dis	trict. Note: Percentages		
Legal Entity	Legal Entity Legal Entity 0452				ntity	Legal Entit	у		
0432									
% 100.00	% 100.00 %			%		%			
PASSENGER INFORMATION			ELEMENTA DV DIDI	-DC	LIIOU COLIOOL D	IDEDC	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils	5	ELEMENTARY RIDE (Grades PK-8)	:K5	HIGH SCHOOL R (Grades 9-12		ELIGIBLE RIDERS		
					b NUMBER		c a + b		
	egular (include eligible Preschool/Kindergarten ders)				NOWIDER		a · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance garten riders	rs)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the route as ap Signature - Chair, Board of Trustees					<u> </u>	Date			
County -	Transport	tation Co	mmittee Approval as	required in	accordance with Section	20-10-132. MC	:A.		
This Application for Registration area assigned to it by the Coun	n of Schoo ty Transpo	ol Bus and ortation C	State Reimbursement						
Signature - Chair, County Transport	ation Comm	mittee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement e	ven though	transp	ortees of another legal er	ntity may ut	tilize the ser	vices.		Data Dar Mila
Due Dates All Routes			To Co Octob	ounty Sup per 1	t	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name			Legal Entity Number
Jefferson			22	Clanc	y Elemen	tary		0452
Route #	Length of	Route	(miles per day)	Type of		□ Bus Route Mile		Rated Capacity
3	50			□ Non Bus Mile Bus Route Mileage			ge	71
Vehicle I.D. #	Licen	ise#		□ District	t Owned	C	ontractor C)wned
2965	E85	6			ict - If so, Na icted rate pe	ame of Owner er mile		
Reimbursement Distribution- En	iter the legal	l entity				rsement to be pa	id to each dis	trict. Note: Percentages
Legal Entity 0452				tch budget Legal E			Legal Entity	У
% 100.00	%	, D		%			%	
PASSENGER INFORMATION		_						
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RIDEI (Grades PK-8)	RS	HI	GH SCHOOL RIE (Grades 9-12)		TOTAL ELIGIBLE RIDERS
						b NUMBER		c a + b
Regular (include eligible Preschool/Kindergarten riders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
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I certify that this application for r bus operates on the route as ap	•					•	•	•
Signature - Chair, Board of Trustees							Date	
County 1 This Application for Registration area assigned to it by the Count	of School E	Bus an		-				
Signature - Chair, County Transporta	ation Committ	ee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for e	ach bus route that	
Due Dates All Routes				ounty Sup ber 1	To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Jefferson			22		y Elementary		0452	
Route #	Length	n of Route	(miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	~	Rated Capacity	
1	48			Bus R	Coute Mileage	aye	71	
Vehicle I.D. #	L	icense #		□ District	: Owned (Contractor (
2405					ct - If so, Name of Owner I cted rate per mile			
Reimbursement Distribution- En	iter the I	legal entity		e of state/co		aid to each dis	strict. Note: Percentages	
Legal Entity 0452 Legal Entity				Legal E		Legal Enti	ty	
% 100.00 %				%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupi	ils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
					b NUMBER		c a+b	
Regular (include eligible Preschool/k	NUMBER		NOWBER		атр			
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg	arten rid	ers)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County 1	[raneno	rtation Co	ommittee Annroval as a	equired in	accordance with Section	 20-10-132 MC	:Δ	
This Application for Registration area assigned to it by the Count	of School y Trans	ool Bus an portation (d State Reimbursement					
Signature - Chair, County Transporta	ation Con	nmittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$1.15 County Name County Number District Name Legal Entity Number Jefferson Whitehall Public Schools 0453 0454 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 59 6 48 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner 7389 D499 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0453 0454 % % % 65.00 % 35.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reinbursement has been reviewed and reentily that this	bus operates within the transportation
area assigned to it by the County Transportation Committee.	
Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e			portees of another legal e	ntity may ut	tilize the serv			Rate Per Mile		
Due Date All Routes				ounty Sup ber 1	t	To OPI October 15	\$	\$1.57		
County Name			County Number	District	Name			Legal Entity Number		
Jefferson			22	White	hall Public	Schools		0453 0454		
Route #	Length	of Route	(miles per day)	Type of		Bus Route Mile Non Bus Milea		Rated Capacity		
2	51.2			Bus R	Route Milea			71		
Vehicle I.D. #	Li	icense #			□ District Owned Contractor Owned					
0154	D	0494			ict - II so, Na icted rate pei					
Reimbursement Distribution- E	nter the le	egal entity		of state/co		sement to be pai	id to each dist	rict. Note: Percentages		
Legal Entity	L	egal Enti	ty	Legal E			Legal Entity	1		
0453		()454							
% 65.00				%			%			
PASSENGER INFORMATION			ELEMENTARY RIDE	De	шс	SH SCHOOL RID	EDC	TOTAL		
Number of Preschool/Kindergarten pupils riding this route			(Grades PK-8)	INO	Tile	(Grades 9-12)	LNO	ELIGIBLE RIDERS		
						b NUMBER		c a + b		
Regular (include eligible Preschool/riders)	ten	NUMBER			NONDER		a · b			
1st Wheelchair (WC)										
2nd Wheelchair (WC)	2nd Wheelchair (WC)									
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)										
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)		ers)								
TOTAL RIDERS										
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bus operates on the route as a Signature - Chair, Board of Trustees	oproved b									
orginature - Orian, board of Trustee:	J						Date			
County This Application for Registration area assigned to it by the County	n of Scho	ool Bus ar								
Signature - Chair, County Transport			z :				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

			Chapter 10, Part 1, MCA cortees of another legal of				one form for ea	ach bus route that
receives state reimbur	sement even tho	ugii tiansp	ontees of another legal t	enity may	utilize trie se	i vices.		Rate Per Mile
	Oue Dates:			County Su	pt	To OPI		
P	All Routes		Oct	ober 1		October 15		\$1.57
County Name			County Number	Distri	ct Name			Legal Entity Number
Jefferson			22	\\/hit	oball Dubli	ic Schools		0453 0454
Route #	Lengt	h of Route	e (miles per day)			☐ Bus Route Mi	leage	Rated Capacity
			, , , , , , , , , , , , , , , , , , , ,	"		□ Non Bus Mile	U	
4	54.2			Bus	77			
Vehicle I.D. #		License #		 □ District Owned □ Contract - If so, Name of Owner 				
9712	9712 D496				ract - it so, iv racted rate p			
Reimbursement Distrib	bution- Enter the	legal entit	y number and percentag	e of state/	county reimb	ursement to be p	aid to each dis	strict. Note: Percentages
			must m	natch budg	et!	<u> </u>		
Legal Entity 0453		Legal Enti	ity 0454	Legal	Entity		Legal Entit	У
0-100	0.00							
% 65.00	% 65.00			%			%	
PASSENGER INFORM	MATION	,,,		,,,			,,,	
			ELEMENTARY RID	ERS	Н	IGH SCHOOL RI		TOTAL
Number of Preschool/l	Kindergarten pup	oils	(Grades PK-8)			(Grades 9-12	2)	ELIGIBLE RIDERS
inamig and route								
			a NUMBER			b NUMBER		c a + b
Regular (include eligible F	Regular (include eligible Preschool/Kindergarten					NOMBLIC		a · b
riders) 1st Wheelchair (WC)								
` ,								
2nd Wheelchair (WC)								
Additional Wheelchairs (V	VC)							
Non-WC IEP Lists Trans	as Related Service							
TOTAL ELIGIBLE RIC	DERS							
Ineligible Public School R								
miles OR nonresident and agreement)	d no attendance							
(Include ineligible Presch		ders)						
Nonpublic School Riders	(ineligible)							
TOTAL RIDERS								
We hereby certify that	this hus will onerat	e entirely or	n the route established by th	e Board of	Trustees and w	vithin the transportat	tion area assign	ed and approved by the
County Transportation Co	ommittee. We furth	er certify that	at this bus transports pupils	eligible for s	chool transpor	tation as defined by	20-10-101, MC	A.
			the State Superintendent; to standards as established by					
Superintendent; and to pr	rovide a licensed, q	ualified and	approved driver to operate ners to solicit students from	such vehicle	as required by		0 ,	
						ient cause for withh	olding of state a	nd county reimbursement for
this bus route. We agree that if this ro	oute crosses district	t lines and to	ransports students from outs	side the dist	rict, a conv of the	he agreement hetw	een Boards 20-	10-126(2) MCA_signed by
the school boards of both	districts shall be at	ttached to th	ne county superintendent's c	opy of this	locument.	· ·		
We understand route of accordance with 20-10-13		auring the s	chool year require the filing	or an ameno	iea i K-1 form	and approval of the	County Transpo	ortation Committee in
I certify that this applic	ation for registra		ool bus and state reimbu					
bus operates on the ro Signature - Chair, Board		by and wi	thin the transportation se	ervice area	assigned by	tne County Tran	sportation Cor	nmittee.
Signature Onan, Dodia							34.0	
	County Transpo	ortation C	ommittee Approval as	required i	n accordanc	ce with Section 2	20-10-132, MC	A.
This Application for Re	egistration of Sch	ool Bus ar	nd State Reimbursement					within the transportation
area assigned to it by Signature - Chair, County			Committee.				Date	
5	,						1	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

T1: 6 : :				00.0	N 1 10 D 11	1404	2 1 1 1			, ,		
					Chapter 10, Part 1, I ortees of another le					one form for ea	ach bus route that	
	Due Dates	s·				To Cou	inty Supt	•	To OPI		Rate Per Mile	
	All Routes					Octobe		•	October 15		\$1.57	
County Name					County Number		District	Name			Legal Entity Number	
Jefferson					22		White	hall Publi	c Schools		0453 0454	
Route #		Lengt	th of Ro	oute ((miles per day)		Type of		□ Bus Route Mi	-	Rated Capacity	
3		61.8	}				Bus R	oute Mile	☐ Non Bus Milea age	age	72	
Vehicle I.D. #			License	e#			□ District Owned Contractor Owned					
8874	8874 D497						ct - If so, Na cted rate pe	ame of Owner er mile				
Reimbursement D	istribution- En	nter the	legal e	entity					rsement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity			Legal I		1	ust mate	h budget Legal E			Legal Entit	у	
0453	•			04	154							
% 65.00)		%	35.	00		%			%		
PASSENGER INF			,,									
Number of Preschool/Kindergarten pupils riding this route			oils		ELEMENTARY (Grades Pk		S	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
				a b						C .		
Regular (include elig	ible Preschool/k	 Kinderga	arten	NUMBER NUME				NUMBER		a + b		
riders) 1st Wheelchair (WC)												
2nd Wheelchair (WC	<u>;)</u>											
Additional Wheelcha	irs (WC)											
Non-WC IEP Lists T	rans as Related	Service	;									
TOTAL ELIGIBLE	RIDERS											
Ineligible Public Sch miles OR nonresider												
agreement) (Include ineligible Pr			ders)									
Nonpublic School Ri			4010)									
TOTAL RIDERS												
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the			
Signature - Chair, Board of Trustees Date												
	County T	France	ortotio	n Cc	mmittoo Annross	l ac ros	uirod in	accordana	o with Soction	00 40 422 840	`^	
area assigned to i	or Registration t by the Count	of Sch ty Trans	nool Bu sportat	s and ion C							within the transportation	
Signature - Chair, Co	ounty Transporta	ation Co	mmittee	9						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						e one form for e		
Due Dates All Routes	::		To Count October 1		To OPI October 15		Rate Per Mile \$1.80	
County Name		County Number		District	Name		Legal Entity Number	
Jefferson		22			hall Public Schools		0453 0454	
Route #	Length of Ro	oute (miles per day)	1	Type of	Service Bus Route I Non Bus Mi	•	Rated Capacity	
1	92.5				oute Mileage		84	
Vehicle I.D. #	License	e #	 □ District Owned □ Contract - If so, Name of Owner 					
0441 Reimbursement Distribution- En	D498	ntity number and perce			cted rate per mile	paid to each die	etrict Note: Percentages	
		mı	ust match I	budget	!	<u> </u>		
Legal Entity 0453	o ,			₋egal Eı	ntity	Legal Enti	dy	
% 65.00 % 35.00				%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergard riding this route	en pupils	ELEMENTARY (Grades Ph			HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS	
	a NUMBER	R		b NUMBEF	2	c a+b		
Regular (include eligible Preschool/K riders)		<u> </u>			-			
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)	arteri riders)							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for rubus operates on the route as ap	0				•	,	9	
Signature - Chair, Board of Trustees	2.00 by and			Ju u	girou ay aro county itt	Date		
County T This Application for Registration area assigned to it by the Count	of School Bu	s and State Reimburser			accordance with Section eviewed and I certify that the			
Signature - Chair, County Transporta	ation Committee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				Chapter 10, Part 1, MC ortees of another legal					one form for e	Rate Per Mile
	Due Dates All Routes	::			County S tober 1	upt		To OPI October 15		\$1.80
County Name				County Number	Distr	rict Na	ıme			Legal Entity Number
Jefferson				22	Wh	iteha	ıll Public	Schools		0453 0454
Route #		Length of	Route	(miles per day)			ervice \Box	Bus Route Mil		Rated Capacity
5		88.6			☐ Non Bus Mile Bus Route Mileage				age	84
Vehicle I.D. #	<u>'</u>	Licer	ise#		□ Dist	trict O	wned	(Contractor (Owned
8610 D495						- If so, Nar ed rate per	me of Owner mile			
Reimbursement Distribution- Enter the legal entity number and percent							ty reimbur	sement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity Legal Entity					match bud Lega	al Enti	ty		Legal Enti	ty
0453			04	454						
% 65.00			35	.00	%	6			%	
PASSENGER INF	ORMATION	-								
Number of Presch riding this route	ool/Kindergart	en pupils		ELEMENTARY RID (Grades PK-8)			HIG	H SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				а		b				C
Regular (include elig	NUMBER				NUMBER		a + b			
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC	()									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Tr	ans as Related	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho miles OR nonresider										
agreement) (Include ineligible Pre	eschool/Kinderga	arten riders)								
Nonpublic School Ric	ders (ineligible)									
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.										
We understand ro accordance with 20-	We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
				ool bus and state reimb hin the transportation s						edge and belief, and the mmittee.
Signature - Chair, Bo				,		-		•	Date	
This Application fo	r Registration	of School E	Bus an							CA. s within the transportation
Signature - Chair, Co									Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

T1: 6 : :		'0 T'0	00.6	N 1 10 D 11 MOA						
				Chapter 10, Part 1, MCA ortees of another legal e					one form for e	ach bus route that
				· ·	•	,				Rate Per Mile
	Due Dates: All Routes				ount ober 1	ty Supt		To OPI October 15		\$0.95
	7 III T COULCO			0000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		Cotober 10		ψ0.00
County Name				County Number	[District	Name			Legal Entity Number
Jefferson				22		Cardw	ell Eleme	entary		0458
Route #	l	Length of F	Route	(miles per day)				□ Bus Route Mi	leage	Rated Capacity
4.4		440						☐ Non Bus Mile	age	47
1A Vehicle I.D. #		116 Licen	.00#		Bus Route Mileage				21-4-1-4-0	47
Verlicie I.D. #		Licen	3C #		□ District Owned District Own □ Contract - If so. Name of Owner					ea
3767		242			☐ Contracted rate per mile					
Reimbursement Dis	tribution- Ente	er the legal	entity					rsement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		I ena	I Entity	must m		budget _egal E			Legal Entit	av.
0458		Loga	Linuty	,		-cgai L	intity		Logai Litti	У
% 100.00		%)			%			%	
PASSENGER INFO	RMATION		1							
Number of Prescho	ol/Kindergarte	n nunils		ELEMENTARY RIDE (Grades PK-8)	ERS		HI	GH SCHOOL RI Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route	ow rundon ganto	Прарію		(0.00001110)				(0.0000 0 12	,	LEIGIBLE MIBLING
				a				b		С
L				NUMBER				NUMBER		a + b
Regular (include eligib riders)	le Preschool/Kin	ndergarten								
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs	s (WC)									
Non-WC IEP Lists Tra	ns as Related Se	ervice								
TOTAL ELIGIBLE I	RIDERS									
Ineligible Public School	ol Riders (i.e., un	ider 3								
miles OR nonresident agreement)	and no attendan	nce								
(Include ineligible Pres		rten riders)								
Nonpublic School Ride	ers (ineligible)									
TOTAL RIDERS										
We hereby certify the	hat this bus will o	operate enti	rely on	the route established by the	e Boar	rd of Tru	stees and wi	thin the transportat	tion area assign	ed and approved by the
County Transportation	Committee. We	e further cer	tify that	this bus transports pupils on the State Superintendent; to	eligible	e for sch	ool transport	ation as defined by	20-10-101, MC	A.
required; to provide a	vehicle which me	eets the min	imum s	tandards as established by	the B	Board of	Public Educa	tion, the Montana		
				approved driver to operate sers to solicit students from o				20-10-103, MCA.		
We understand that this bus route.	t violations of the	e laws, rules	or reg	ulations governing school tr	ranspo	ortation v	will be sufficie	ent cause for withh	olding of state a	nd county reimbursement for
We agree that if this				insports students from outs				e agreement betw	een Boards, 20-	10-126(2) MCA, signed by
				e county superintendent's co hool year require the filing o				and approval of the	County Transpo	ortation Committee in
accordance with 20-10)-132, MCA.									
				ol bus and state reimbu nin the transportation se						edge and belief, and the mmittee.
Signature - Chair, Boa		•		·				•	Date	
	Country		an 0 -	monittae Armanal	"	الممال	ooorder -	o with Cootion t	20.40.420.55	· A
This Application for				mmittee Approval as in d State Reimbursement						A. within the transportation
area assigned to it b	by the County	Transporta	ation C					•	,	, ,
Signature - Chair, Cou	nty Transportation	on Committe	ee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						ete one form for e	each bus route that			
Due Dates All Routes				County Suր ober 1	ot To OPI October 15		Rate Per Mile \$0.95			
County Name			County Number	Distric	t Name		Legal Entity Number			
Jefferson			22		well Elementary		0458			
Route #	Length of	f Route	(miles per day)	Type o	of Service □ Bus Route □ Non Bus N	•	Rated Capacity			
2	62.4			Bus I	Route Mileage	meage	47			
Vehicle I.D. #	Lice	ense #		□ Distric		District Owr	ned			
3767	242	2		□ Contract - If so, Name of Owner□ Contracted rate per mile						
Reimbursement Distribution- Er	nter the lega	al entity		e of state/c		e paid to each di	strict. Note: Percentages			
Legal Entity	Leg	gal Entity		Legal I		Legal Enti	ty			
0458	0430									
% 100.00	% 100.00 %			%		%				
PASSENGER INFORMATION			ELEMENTA DV DID	ED0	1110110011001	DIDEDO	TOTAL			
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RID (Grades PK-8)	EKS	HIGH SCHOOL (Grades 9		TOTAL ELIGIBLE RIDERS			
			a NUMBER		b NUMBE	:D	c a+b			
	egular (include eligible Preschool/Kindergarten				NOMBL	.11	a i b			
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible))								
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees										
	.					00 40 400				
This Application for Registration area assigned to it by the Count	of School ty Transpoi	Bus and rtation C	d State Reimbursement		a accordance with Section reviewed and I certify that	this bus operate				
Signature - Chair, County Transporta	ation Commi	ittee				Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda								one form for e	each bus route that	
receives state reimbursement e	ven tno	ougn trans	sportees of another leg	her legal entity may utilize the services.			vices.		Rate Per Mile	
Due Date All Routes				To Cou Octobe	nty Supt r 1		To OPI October 15		\$1.15	
County Name			County Number		District	Name			Legal Entity Number	
Jefferson			22		Jefferson High School			0457		
Route #	Lengt	th of Rout	e (miles per day)		Type of Service □ Bus Route Mile			Rated Capacity		
3-Valley	75				Rue D	oute Mile	☐ Non Bus Milea	age	59	
Vehicle I.D. #	l	License #	<u> </u>		District			Contractor	ctor Owned	
0505		D508			Contract - If so, Name of Owner Harlow				s School Bus Service	
						cted rate pe				
Reimbursement Distribution- Er	nter the	legal ent			f state/cou h budget!		ursement to be pa	aid to each di	strict. Note: Percentages	
Legal Entity		Legal En	tity		Legal Er			Legal Ent	ity	
0456			0457							
% 66.00		% 3	34.00		%			%		
PASSENGER INFORMATION			EL EMENTA DV	DIDED				DEDO	TOTAL	
Number of Preschool/Kindergar riding this route	ten pup	oils	ELEMENTARY F (Grades PK			н	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER	₹			b NUMBER		c a + b	
Regular (include eligible Preschool/kriders)	Kinderga	arten								
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service	;								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance garten ric									
Nonpublic School Riders (ineligible)										
TOTAL RIDERS										
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts should be well as the world of the changes of accordance with 20-10-132, MCA.	We furth us and be meets the ensed, quiciting or the laws as district all be at	ner certify the course of the	nat this bus transports pu y the State Superintende in standards as establishe d approved driver to oper thers to solicit students fr egulations governing sch- transports students from the county superintenden	upils eligi ent; to ma ed by the rate such rom othe nool trans outside nt's copy	ble for sch ake such re Board of vehicle as r transport sportation v	ool transport ports to the Public Educa required by ation areas. will be sufficing, a copy of the cument.	ation as defined by State Superintende ation, the Montana It 20-10-103, MCA. ent cause for withhouse agreement between	20-10-101, Month and County Highway Patrol Colding of state agen Boards, 20	CA. Superintendent as are and the State and county reimbursement for -10-126(2) MCA, signed by	
I certify that this application for the bus operates on the route as application for the second seco										
Signature - Chair, Board of Trustees		., a.i.a v		. 501711		<u>-</u>		Date		
This Application for Registration	of Sch	ool Bus a								
area assigned to it by the County Signature - Chair, County Transport	-		i Committee.					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement events.						ne form for ea	ach bus route that	
Due Dates: All Routes				County Supt To OPI tober 1 October 15		Rate Per Mile \$1.80		
County Name		County Number	er	District	Name		Legal Entity Number	
Jefferson		22		Jeffers	son High School		0457	
Route #	Length of F	Route (miles per day)		Type of	Service Bus Route Mil	-	Rated Capacity	
4-Jeff City/Clancy	81.2			Bus R	□ Non Bus Milea coute Mileage	age 89		
Vehicle I.D. #	Licen	ise#	I	□ District	Owned C	ontractor C		
0111	D50			□ Contra	ct - If so, Name of Owner			
Reimbursement Distribution- En	ter the legal			of state/co ch budget		aid to each dis	strict. Note: Percentages	
Legal Entity 0457	Lega	ll Entity		Legal E		У		
% 100.00	%)		%		%		
PASSENGER INFORMATION		I ELEMENTAR	RY RIDER	RS	HIGH SCHOOL RII	DERS	TOTAL	
Number of Preschool/Kindergart riding this route	ten pupils	(Grades			(Grades 9-12)		ELIGIBLE RIDERS	
		a		b			С	
Regular (include eligible Preschool/K riders)	Kindergarten	NUMI	BEK		NUMBER		a + b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)							
TOTAL RIDERS								
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County T	ransportati	ion Committee Appro	oval as re	guired in	accordance with Section 2	0-10-132. MC	CA.	
This Application for Registration area assigned to it by the Count	of School B y Transporta	Bus and State Reimbur ation Committee.						
Signature - Chair, County Transporta	ation Committe	ee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even					one form for e	ach bus route that	
Due Dates: All Routes		ounty Supt	To OPI October 15		Rate Per Mile \$1.15		
County Name		County Number	District	Name		Legal Entity Number	
Jefferson		22		son High School		0457	
Route # Le	Route # Length of Route (miles per day)			Service Bus Route Mi Non Bus Mile	•	Rated Capacity	
2-Basin 44			Bus R	oute Mileage	•	59	
Vehicle I.D. # License # 2739 0457			 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile 				
Reimbursement Distribution- Enter	the legal entity		e of state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 0456	Legal Entit		atch budget Legal E		ity		
% 66.00	% 34	.00	%		%		
PASSENGER INFORMATION	,,,						
Number of Preschool/Kindergarten riding this route	pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kinde riders)	ergarten	NOMBLIX		NOMBER		u · b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarte Nonpublic School Riders (ineligible)	•						
TOTAL RIDERS							
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This Application for Registration of S	School Bus an	d State Reimbursement		accordance with Section 2 eviewed and I certify that this			
area assigned to it by the County Tr Signature - Chair, County Transportation		Committee.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement e	ven though trar	nsportees of another legal e	entity may ut	ilize the services.	·	-	Data Dan Mila	
Due Dates All Routes		To C Octo	ounty Supt ber 1		PI ber 15		Rate Per Mile	
County Name		County Number	District	Name			Legal Entity Number	
Jefferson		22		son High Scho	ol		0457	
Route #	Length of Rou	ute (miles per day)	Type of		Route Mileag	,	Rated Capacity	
5 Montana City	108.4		Bus R	oute Mileage	Bus Mileage		84	
Vehicle I.D. #	License	#	□ District	Owned		ntractor O		
0899	TEMP			ct - If so, Name of cted rate per mile	Owner Har	lows Sch	ool Bus Service	
Reimbursement Distribution- En	iter the legal en				nt to be paid	to each dist	rict. Note: Percentages	
Legal Entity	Legal E		atch budget Legal E			Legal Entity		
0457				,				
% 100.00	%		%			%		
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	:RS		CHOOL RIDEF ades 9-12)	RS	TOTAL ELIGIBLE RIDERS	
		a NUMBER		N	b UMBER		с a + b	
Regular (include eligible Preschool/Friders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County 1	ransportation	Committee Approval as I	required in	accordance with	Section 20-1	0-132. MC	A .	
This Application for Registration area assigned to it by the Count	of School Bus	and State Reimbursement						
Signature - Chair, County Transporta	, ,				Da	ate		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ex						ach bus route that		
Due Dates All Routes		County Supt ober 1	To OPI October 15		\$1.57			
County Name		County Number	District	Name		Legal Entity Number		
Jefferson		22		Jefferson High School		0457		
Route #	Length of Route	(miles per day)	Type of	Service Bus Route Mi Non Bus Mile		Rated Capacity		
6-Frontage	88.6		1 .	oute Mileage	72			
4771	Vehicle I.D. # License # 4771 D507			 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile Contractor Owned Harlows School Bus Service				
Reimbursement Distribution- En	ter the legal entity		e of state/co		aid to each dis	trict. Note: Percentages		
Legal Entity 0457	Legal Entit		Legal E		Legal Entit	tity		
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/k riders)	Kindergarten	NOWIDEN		NOWIDER		a · b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees				·	Date			
	of School Bus an	d State Reimbursement		equired in accordance with Section 20-10-132, MCA. has been reviewed and I certify that this bus operates within the tra				
Signature - Chair, County Transporta					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance	with Title 20	Chanter 10 Part 1 MCA	School dis	strict official must complete	one form for ea	ach hus route that		
receives state reimbursement even								
Due Dates:		To C	ounty Supt	To OPI		Rate Per Mile		
All Routes			ber 1	October 15		\$1.15		
		10	1		•	=		
County Name		County Number	District	Name		Legal Entity Number		
Jefferson		22		son High School		0457		
Route # Le	ength of Rout	e (miles per day)	Type of	Service Bus Route Mi	•	Rated Capacity		
1 94	4		Bus R	□ Non Bus Mile. oute Mileage	age	59		
Vehicle I.D. #	License #	!	1	☐ District Owned Contractor Owned				
2739	0457							
				cted rate per mile				
Reimbursement Distribution- Enter	the legal enti		e of state/co atch budget		aid to each dis	trict. Note: Percentages		
Legal Entity	Legal Ent	tity	Legal E		Legal Entit	у		
0456		0457						
					1			
% 61.00	% 3	39.00	%		%			
PASSENGER INFORMATION		ELEMENTARY RIDE	RS	HIGH SCHOOL RI	DERS	TOTAL		
Number of Preschool/Kindergarten	pupils	(Grades PK-8)		(Grades 9-12		ELIGIBLE RIDERS		
riding this route	\neg							
		а		b		С		
Regular (include eligible Preschool/Kinde	ergarten	NUMBER		NUMBER		a + b		
riders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., unde	er 3							
miles OR nonresident and no attendance agreement)	е							
(Include ineligible Preschool/Kindergarte	en riders)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will op	perate entirely of	on the route established by the	e Board of Tru	istees and within the transportat	ion area assigne	ed and approved by the		
County Transportation Committee. We to We agree to supervision of this bus a								
required; to provide a vehicle which mee	ets the minimun	n standards as established by	the Board of	Public Education, the Montana				
Superintendent; and to provide a license We also agree to refrain from solicitin								
We understand that violations of the lithis bus route.					olding of state ar	nd county reimbursement for		
We agree that if this route crosses dis					een Boards, 20-	10-126(2) MCA, signed by		
the school boards of both districts shall to We understand route changes occurr					County Transpo	ortation Committee in		
accordance with 20-10-132, MCA.		, , ,						
I certify that this application for registure bus operates on the route as appro								
Signature - Chair, Board of Trustees					Date			
County Trar This Application for Registration of				accordance with Section 2 eviewed and I certify that this				
area assigned to it by the County T	ransportation				. Juo opolaico			
Signature - Chair, County Transportation	n Committee				Date			



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$1.80 County Name County Number District Name Legal Entity Number Jefferson Jefferson High School 0457 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 7 Blue Sky 98.3 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Harlows School Bus Service 1475 508 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0457 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County	Transportation Committee	Dat